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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

DISABLED AMERICAN VETERANS  
48 SILVER SAN JUAN

Number and street (or P O box, if mail is not delivered to street address)

94 TRESTLE LANE

Room/suite

City or town, state or country, and ZIP + 4

DURANGO

CO 81303

D Employer identification number

31-0898143

E Telephone number

970-259-2678

F Group Exemption

Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ 89,996

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

1	Contributions, gifts, grants, and similar amounts received	1	89,641
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	355
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,996
10	Grants and similar amounts paid (list in Schedule O)	10	52,957
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	24,093
17	Total expenses. Add lines 10 through 16	17	77,050
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,946
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11,527
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,473

SCANNED AUG 27 2013

Expenses

Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

DAA

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	11,527	22	24,473
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	11,527	25	24,473
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,527	27	24,473

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

PROVIDES SUPPORT TO AMERICAN MILITARY VETERANS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See Schedule O		
(Grants \$ 14,228) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,701
29 See Schedule O		
(Grants \$ 20,632) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	30,018
30 See Schedule O		
(Grants \$ 8,532) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	12,414
31 Other program services (describe in Schedule O)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	13,917
32 Total program service expenses (add lines 28a through 31a)	32	77,050

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD S. SCHLEETER COMMANDER	25.00	0	0	0
BUTCH CRIM SR. VICE COMMANDER	25.00	0	0	0
CHARLES J. MUCKENTHALER JR. VICE COMMANDER	20.00	0	0	0
PAUL T. WADE ADJUTANT	15.00	0	0	0
CHARLES R. PARNELL TREASURER	15.00	0	0	0
BUTCH CRIM LEGISLATIVE CHAIRMAN	5.00	0	0	0
DAVE E. COATES MEMBERSHIP CHAIRMAN	10.00	0	0	0
CHARLES R. PARNELL SERVICE OFFICER	5.00	0	0	0

**Part V**

**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		
<b>42a</b> The organization's books are in care of <b>CHARLES R. PARNELL</b> Telephone no <b>970-259-2678</b> <b>94 TRESTLE LANE</b> Located at <b>DURANGO</b> CO ZIP + 4 <b>81303</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country <input type="checkbox"/>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<b>X</b>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If "Yes," was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 **▶** \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here **▶** Charles R. Parnell **8-8-2013**  
 Signature of officer **CHARLES R. PARNELL** **TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name **Vern M. McKee** Preparer's signature [Signature] Date **07/30/13** Check ☒ if self-employed PTIN **P01267141**  
 Firm's name **Vern M. McKee** Firm's EIN **▶**  
 Firm's address **PO Box 2422 Durango, CO 81302-2422** Phone no **970-247-3963**

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**DISABLED AMERICAN VETERANS**  
**48 SILVER SAN JUAN**

Employer identification number

**31-0898143**

**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
INCOME - DUES PER CAPITA - NA	\$ 353
INCOME - INTEREST	\$ 2
<b>Total</b>	<b>\$ 355</b>

**Form 990-EZ, Part I, Line 10 - Grants and similar amounts paid**

Emergency Clothing Assistance	\$ 714
Emergency Food Assistance	\$ 1,440
Emergency Housing Assistance	\$ 29,084
Emergency Medical Assistance	\$ 1,124
Veteran Travel Reimbursement	\$ 7,094
Gas Vouchers	\$ 12,000
Grants - Needy Veterans	\$ 1,501
<b>Total</b>	<b>\$ 52,957</b>

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
OTHER EXPENSES	\$ 343
CHARITABLE CONTRIBUTIONS	\$ 1,609
CHRISTMAS PARTY	\$ 1,368
DAV VAN	\$ 14,666
DRIVERS PHYSICALS	\$ 380
DRIVERS SUPPORT	\$ 2,496

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0898143

MEMORIAL DAY COOKOUT	\$	900
OFFICE SUPPLIES	\$	1,629
DRIVERS STIPENDS	\$	702
Total	\$	24,093

Form 990-EZ, Part III, Line 28 - First Accomplishment

HOMELESS VETERANS RENTALS ASSISTANCE PROGRAM.

THIS PROGRAM IS FOR THE PURPOSE OF PROVIDING RENT AND UTILITIES ASSISTANCE TO HOMELESS VETERANS AND THEIR FAMILIES. WE RECEIVED A TOTAL OF \$24,179 FOR THIS PROGRAM. IT IS FOR USE IN ALL AREAS OF SOUTHWEST COLORADO BUT WE FOCUS ON LA PLATA AND ARCHULETA COUNTIES. WE HAVE SELECTED INDIVIDUALS IN PLACE WHO IDENTIFY HOMELESS VETERANS AND WE INVESTIGATE AND DETERMINE IF THERE IS A REAL NEED FOR ASSISTANCE, AND IF SO, PROVIDE CHECKS TO THE LANDLORDS AND UTILITY COMPANIES.

Form 990-EZ, Part III, Line 29 - Second Accomplishment

VETERANS TRANSPORTATION AND ASSISTANCE PROGRAM (VTAP).

WE USE THIS FUND FOR HELPING VETERANS IN VARIOUS WAYS. WE PAY MILEAGE AND MOTELS FOR VETERANS TRAVELING TO AND FROM THE VETERANS ADMINISTRATION MEDICAL CENTER IN ALBUQUERQUE, NEW MEXICO AND EMERGENCY HOUSING ASSISTANCE. WE MAINTAIN A SMALL FLEET OF LOANER WHEELCHAIRS, DO ADA ADAPTATIONS TO RESIDENCES, BUY FOOD AND GAS VOUCHERS FOR VETERANS, BUY EMERGENCY PRESCRIPTIONS FOR TRAVELING VETERANS, PROVIDE TEMPORARY LODGING FOR

Name of the organization

DISABLED AMERICAN VETERANS

Employer identification number

31-0898143

TRAVELING VETERANS, PAY FOR VEHICLE REPAIRS FOR WORKING VETERANS AND BUY DOCTOR ORDERED DAY PASSES TO THE LOCAL RECREATION CENTER. WE RECEIVE \$35,062 FOR THIS PROGRAM.

Form 990-EZ, Part III, Line 30 - Third Accomplishment

DISABLED AMERICAN VETERAN VAN PROGRAM.

WE RAISE FUNDS FOR AND PROCURE A NEW FORD 12 PASSENGER VAN EVERY 2 - 3 YEARS FOR THE PURPOSE OF TRANSPORTING VETERANS TO THE VETERANS ADMINISTRATION MEDICAL CENTER LOCATED IN ALBUQUERQUE, NEW MEXICO, A ROUND TRIP OF 450 MILES, 3 DAYS A WEEK. WE HAVE AN EXCELLENT CADRE OF 25 VOLUNTEER DRIVERS AND COORDINATORS. WE ALSO PROVIDE TRANSPORTATION FROM THE SURROUNDING AREA TO THE LOCAL VETERANS ADMINISTRATION CLINIC IN DURANGO AND TO HOSPITALS AND DIALYSIS UNITS IN THE AREA. WE ARE REQUIRED TO RAISE \$14,500 FOR THESE VANS AND THE DAV NATIONAL TRANSPORTATION SYSTEM PROVIDES MATCHING FUNDS TO PAY FOR THE REMAINDER OF THE VAN. THE VANS ARE PRESENTED TO THE VETERANS ADMINISTRATION AND THEY PROVIDE THE INSURANCE, MAINTENANCE AND CREDIT CARDS FOR GAS, ETC. WE AVERAGE AROUND 70,000 TO 80,000 MILES PER YEAR ON THE VANS. \$14,500.